

**Kentucky Department of Education
Division of Nutrition and Health Services
Withdrawal of Participation
from Child Nutrition Programs**

School District/Sponsor Name: _____

NHS Director/Administrator: _____

Address of NHS Director/Administrator): _____

Phone Number of NHS Director/Administrator: _____

E-Mail Address of NHS Director/Administrator: _____

If you are recognized by the Kentucky Department of Education, please enter your 9-digit code number here:

Check the programs you are withdrawing from participation:

- ☐ National School Lunch Program/School Breakfast Program/Special Milk
- ☐ Special Milk Only
- ☐ Summer Food Service Program
- ☐ Family Day Care Home
- ☐ Child and Adult Care Food Program – For-profit
- ☐ Child and Adult Care Food Program – Nonprofit
- ☐ Adult Day Care

Are you still participating in any other Child Nutrition Programs (if so check all that apply)?

- ☐ National School Lunch Program/School Breakfast Program/Special Milk
- ☐ Special Milk Only
- ☐ Summer Food Service Program
- ☐ Family Day Care Home
- ☐ Child and Adult Care Food Program – For-profit
- ☐ Child and Adult Care Food Program – Nonprofit
- ☐ Adult Day Care

This form serves as notification of our intent to withdraw from participating in the identified Child Nutrition Programs. I understand the program(s) identified will be closed, all associated passwords will be revoked and I will not be eligible to submit any approval documents or claims.

Signature of Representative Authorized to Withdraw Program From Participation

Date

FOR STATE AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE

State Agency Staff Initials: _____

Date: _____

Withdrawal of Participation from Child Nutrition Programs Instructions

STATEMENT OF PURPOSE:

To allow sponsors to withdraw from participation in Child Nutrition Programs.

COMPLETION INSTRUCTIONS:

1. Enter the complete and official name of the School District or Sponsor in the **School District/Sponsor Name** area.
2. Enter the name of the person who directly administers the program in the **SFS Director/Administrator** area.
3. Enter the office address of the person who directly administers the program in the **Address of SFS Director/Administrator** area.
4. Enter the area code and phone number of the person who directly administers the program in the **Phone Number of NHS Director/Administrator** area.
5. Enter the complete e-mail address of the person who directly administers the program in the **E-Mail Address of SFS Director/Administrator** area.
6. If you are recognized by the Kentucky Department of Education as an accredited school district, provide your 9-digit code number that was issued by the Department.
7. Place a check next to each program you are requesting to withdraw from.
8. Place a check next to any Child Nutrition Program in which you still plan to participate or from which you receive reimbursement.

SIGNATURES:

This form requires signatures of the authorized representative who has the authority to withdraw the program(s) from participation.

Upon completion, send form to:

Division of Nutrition and Health Services
Kentucky Department of Education
23rd Floor, Capital Plaza Tower
500 Mero Street
Frankfort, KY 40601
Fax: (502) 565-5519